

**OVERALL WORK PROGRAM AGREEMENT**

1. The undersigned signatory MPO hereby commits to complete, this fiscal year FY (beginning July 1, 2002 and ending June 30, 2003), the annual Overall Work Program (OWP), a copy of which was approved on date and is attached as part of this OWP Agreement.
2. All of the obligations, duties, terms and conditions set forth in the Master Fund Transfer Agreement (MFTA), numbered number and executed with an effective date of date between agency name (MPO) and the Department of Transportation (STATE), are incorporated herein by this reference as part of this OWP Agreement for this FY.
3. The federal letters of approval from the Federal Transit Administration (FTA), dated date, and from the Federal Highway Administration (FHWA), dated date, and attachments, if applicable, which approved the attached OWP, are by this reference made an express part of this OWP Agreement.
4. MPO agrees to comply with FTA and FHWA matching requirements for "Consolidated Planning Grant" funds obligated and encumbered against this OWP Agreement. This OWP Agreement obligates and encumbers only these following federal funds: FHWA – Metropolitan Planning (PL), federal/local – 88.53/11.47; FHWA State Research and Planning (SP&R) – Partnership Planning, federal/local – 80/20; FTA Section 5303, federal/local – 88.53/11.47 and FTA Section 5313(b), federal/local – 88.53/11.47 as are specifically identified in Section 5 below. All local match funds are to be provided from non-federal sources.
5. Subject to the availability of funds this FY OWP funds encumbered by STATE include, but may not exceed, the following:

<u>Funding Source</u>	<u>Funding</u>	<u>Mandatory Local Match</u>
FHWA PL	\$ _____	\$ _____
FTA Sect. 5303	\$ _____	\$ _____
FTA Sect. 5313 (b)	\$ _____	\$ _____
FHWA SP&R Partnership Planning	\$ _____	\$ _____

6. Should MPO expend funds in excess of those encumbered against this FY OWP Agreement, those costs shall be borne solely by MPO.

Department of Transportation (STATE)	Name of Agency (MPO)
Authorized Signature	Authorized Signature
Printed Name of Person Signing	Printed Name of Person Signing
Title	Title

**(For Use by Caltrans Accounting Only)**

The total amount of all federal funds encumbered by this document is \$ \_\_\_\_\_

Fund Title: \_\_\_\_\_

**(For Use by Caltrans Accounting Only)**

The total amount of all State funds encumbered by this document is \$ \_\_\_\_\_

Fund Title: \_\_\_\_\_

<u>Item</u>	<u>Chapter Statute Fiscal Year</u>	<u>Item</u>	<u>Chapter Statute Fiscal Year</u>
E.A. /Subjob	Encumbrance Document Number	E.A. /Subjob	Encumbrance Document Number
	(For Accounting Use Only)		(For Accounting Use Only)

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and expenditure purpose stated above.

Signature of Department of Transportation Accounting Officer

Date